


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 11, 2006 8:00 am**  
**Secretary of State**


09-11-2006 90054 001 \*\*\*\*\*8.75  
09-11-2006 90054 002 \*\*\*150.00

<b>DOCUMENT # P04000030287</b>	
1. Entity Name <b>BIZMARK FLOORING, INC.</b>	

Principal Place of Business <b>28401 SW 148 AVE. ATTN: BIZMARK JUAREZ HOMESTEAD, FL 33033</b>	Mailing Address <b>28401 SW 148 AVE. ATTN: BIZMARK JUAREZ HOMESTEAD, FL 33033</b>
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2. Principal Place of Business <b>BIZMARK JUAREZ</b> Suite, Apt. #, etc. <b>28401 SW 148 AVE</b> City & State <b>Homestead</b> Zip <b>33033</b> Country <b>FL</b>	3. Mailing Address <b>BIZMARK JUAREZ</b> Suite, Apt. #, etc. <b>28401 SW 148 AVE</b> City & State <b>Homestead FL</b> Zip <b>33033</b> Country <b>FL</b>
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4. FEI Number <b>20-0793731</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>JUAREZ, BIZMARK 28401 SW 148 AVE. HOMESTEAD, FL 33033</b>	
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7. Name and Address of New Registered Agent Name <b>BIZMARK JUAREZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>28401 SW 148 AVE</b> City <b>Homestead</b> FL Zip Code <b>33033</b>	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES BIZMARK, JUAREZ 28401 SW 148 AVE. HOMESTEAD, FL 33033</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES BIZMARK JUAREZ 28401 SW 148 AVE Homestead FL 33033</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE BIZMARK, JUAREZ 28401 SW 148 AVE. HOMESTEAD, FL 33033</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE BIZMARK JUAREZ 28401 SW 148 AVE Homestead FL 33033</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC CAROLINA, MORA 28401 SW 148 AVE. HOMESTEAD, FL 33033</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC CAROLINA MORA 28401 SW 148 AVE Homestead FL 33033</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREA CAROLINA, MORA 28401 SW 148 AVE. HOMESTEAD, FL 33033</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREA CAROLINA MORA 28401 SW 148 AVE Homestead FL 33033</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Bizmark Juarez **9/1/06** **786 325 7914**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #